

PARTNERS IN POLICYMAKING

Application for Participation

Funded by the Indiana Governor's Council for Persons with Disabilities

**(Application Deadline is the first Friday of June.
Please be as thorough as possible.)**

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

CURRENT EMPLOYER: _____

POSITION: _____

DAY TELEPHONE: (____) _____ FAX: (____) _____

EVENING TELEPHONE: (____) _____ FAX: (____) _____

E-MAIL: _____

Who referred you to PIP? Please give name/agency. _____

DEMOGRAPHIC INFORMATION

(Confidential: For statistical purposes only)

Applicant: Female Male
 Person with a Disability Primary Caregiver (Parent, GrParent)

Age: 18-29 30-39 40-49 50-59 60-69 70+

Household Income: \$0-\$15,000 \$15,001-\$25,000 \$25,001-\$35,000
 \$35,001-\$50,000 \$50,001+

Region: North-East North-Central North-West
 Central-East Central Central-West
 South-East South-West

Race or National Origin: African-American Asian Caucasian
 Hispanic Native American Other _____

Marital Status: Married Single Separated Divorced Widowed

1. Are you a person with a disability? Yes No

2. Are you a parent of a son or daughter with a disability? Yes No

3. If you are a parent of a child/children with a disability, please indicate the following:

Child 1: Age:_____ Gender:_____ Disability:_____

Child 2: Age:_____ Gender:_____ Disability:_____

Child 3: Age:_____ Gender:_____ Disability:_____

Other Children in household:

Age:_____ Gender:_____

Age:_____ Gender:_____

Age:_____ Gender:_____

4. Please describe your disability (and/or your family member's) and how it affects self-care, learning, receptive and expressive language, mobility, capacity for independent living; economic self-sufficiency.

5. What services (education, respite care, vocational training, case management, etc.) do you and your family member receive?

6. If applicable, describe you or your child's school placement.

7. Why are you interested in participating in Partners in Policymaking? Is there a specific issue, problem, or area of concern that encouraged you to apply?

8. Please tell us how you learned about Partners in Policymaking?

9. Have you applied for Partners in Policymaking before? _____ How many times? _____

10. Please tell us a little about yourself and your family? (You may use back side.)

11. Do you currently belong to any advocacy or civic organizations or support groups? If so, please list them along with any offices you may hold. (Note: Membership in other organizations is not a requirement for your participation in this project.)

12. What skills, knowledge and abilities do you hope to gain if you are accepted into the Partners in Policymaking?

13. How will you use the skills and information you acquire for yourself/family, for others and community?

14. Will you make a time commitment of two days (Friday and Saturday) once per month for 8 months?

Attendance at all sessions is mandatory! _____ Yes _____ No

15. If you are employed, have you talked with your employer and arranged your work schedule?

_____ Yes _____ No

16. Sessions will be held in the Indianapolis area? Is there any reason why you may not be able to travel to the area?

_____ Yes _____ No

17. Can you attend the Indiana Governor's Council for People with Disabilities Conference, which will be scheduled for late Fall.?

_____ Yes _____ No

18. Do you agree to complete monthly homework assignments?

_____ Yes _____ No

19. Are there any accommodations that you need to participate in this program?

_____ Yes _____ No

If yes, please check the accommodations that you need.

_____ Interpreters

_____ Respite Care for child with disability

_____ Child care for siblings

_____ Personal Care Attendant

_____ Wheelchair Accessible Room: _____

_____ Alternative Formats for learning materials- please describe: _____

_____ Other (describe): _____

**20. PLEASE LIST TWO REFERENCES (with current addresses and phone numbers)
NO FAMILY MEMBERS:**

1. Name: _____
Address: _____
City, State, Zip: _____
Day Time Phone: _____
Email: _____

2. Name: _____
Address: _____
City, State, Zip: _____
Day Time Phone: _____
Email: _____

21. Do you have more information you want to share? (You may attach sheets or use the back of the application.)

If you have questions or need additional information contact:

**Partners in Policymaking (PIP)
1915 West Eighteenth Street, Suite C
Indianapolis, IN 46202-1016
(317) 632-3578 Voice
(317) 632-2999 Fax
(800) 821-6708 Toll-Free
pip@ucpindy.org (e-mail)**

This information is posted on the Governor's Planning Council for People with Disabilities
web-site at

<http://www.in.gov/gpcpd>

*This application can be made available in accessible formats upon request.